CANDALLA SPILLANKA (Foreign Employment)

26, KALUWALA RD, KOSSINNA, GANEMULLA, SRI LANKA.

| Application for l | Empl | ovme | ent | | | | | | | |
|--------------------------------|-----------|------|------|-----|---------|---|---------|------|-----------|-----|
| | | , | | | \neg | | | | | |
| Reg. No | : - | | | | | | | | | |
| Post Applied for Name in Short | : - | | | | | | | | | |
| Address | : | | | | | | | | | |
| Audress | | | | | | | | | | |
| Mobile : | 1 1 | | 1 | VHA | TSAPP | : | LAND NO | : | | |
| No | | | | | | | | | | |
| | | | | | | | | | | |
| DETAILS OF A | PPLI | CAN | Т | | | | | | | |
| Name in Full : | | | | | | | | | | |
| ate of Birth : | | | | | | | | | | |
| Place of Birth : | | | | | | | | | | |
| Religion : | | | | | | | | | | |
| Height : | | | Age | : | | | | | | |
| Weight : | | | Sex | : | | | | | | |
| Civil Status : | | | • | | _ | | | | | |
| No of children : | | | Age | : | | | | | | |
| riving License : | | | | | | | | | | |
| PASSPORT DETAI | <u>LS</u> | | | | | | | | | |
| Passport No | | : | | | | | | | | |
| Place of Issue | | : | | | | | | | | |
| Date of Issue | | : | | | | | | | | |
| Date of Expiry | | : | | | | | | | | |
| Previous Passport | No | : | | | | | | | | |
| KNOWLEDGE | OF I | LAN(| GUAG | E | | | | | | |
| English | | abic | Hebi | | Other | | | | | |
| Speak | 1 | | 1100 | | 3 41101 | | | | | |
| Read | | | | | | | | | | |
| Write | | | | | | | | | | |
| | I | | | | | | | | | |
| FAMILY DETA | ILS | | | | | | Γ | Date | Month | Yea |
| Father's Name | | : | | | | | | Jace | 141011111 | 166 |
| Mother's Name | | : | | | | | | | | |
| Spouses Name | | : | | | | | | | | |
| Children's Name | | : | | | | | | | | |
| Children's Name | | : | | | | | | | | |

| | <u>IFICATIONS</u> | | | | | | | |
|-------------------------------------|-------------------------------|---------------------------------|----------|--------|--|--|--|--|
| | | | | | | | | |
| WORK EXPERIENCE | | | | | | | | |
| Country | Duration | tion | | | | | | |
| 0001101 | Country Duration Job Desc | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| CARE GIVING EXI | <u>PERIENCES</u> | | | | | | | |
| Country | Duration | tion | | | | | | |
| V | | • | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| CARE GIVING TRA | AINING | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | T | | | | |
| GENERAL INFORM | <u>MATION</u> | | YES | NO | | | | |
| Do you like to tak | xing care of Bedridden Perso | on? | | | | | | |
| | o take care of invalid person | | | | | | | |
| | o work with Mentally Retard | | | | | | | |
| | take care of sick baby or c | | | | | | | |
| O5 Can you change d | | | | | | | | |
| Ţ. | clean Bedridden person? | | | | | | | |
| O7 Can you dress the | 1 | | | | | | | |
| | h to move a patient from wh | | | | | | | |
| • | aveling or Working with the | 1 7 | D.4 | - | | | | |
| Do you mind wor Can you do simpl | M | F | | | | | | |
| I | e House Keeping? | | | | | | | |
| T T | washing machine and electri | ical appliances? | | | | | | |
| | erience in Driving? | icai appirances. | | | | | | |
| 15 Are you Vegetaria | | | | | | | | |
| | | | | | | | | |
| hereby certify that | the above mentioned part | iculars are true and correct to | the best | of my | | | | |
| | | | | | | | | |
| nowledge. | | | | | | | | |
| | | | | \neg | | | | |